

CHILD CARE VERIFICATION

DCSS 0069 (08/16/04)

Case Number: _____

APPLICANT NAME: _____

I am the ___ Custodial Party ___ Noncustodial Parent

APPLICANT: *Give this form to your childcare provider to complete before you return it to the local child support agency. Attach any receipts or copies of canceled checks for child care.*

CHILD CARE PROVIDER: *Please complete the appropriate section(s) for the children of the above named applicant for whom you provide child care. Then sign and date at the end of this form.*

SECTION I: INFANT & PRE-SCHOOL CHILD(REN)

Name of Provider/Day Care Center _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Name of a person(s) who pays you for childcare _____

Name of the child(ren) of this parent for whom you provide care and the amount paid.

Child _____ Amount \$ _____ *(Circle One)* per day/week/month

Child _____ Amount \$ _____ per day/week/month

Child _____ Amount \$ _____ per day/week/month

Total: \$ _____ per day/week/month

SECTION II: SCHOOL-AGE CHILD(REN)

A. Child care provided during regular school sessions:

Name of Provider/Day Care Center _____

Address _____ Apt. or Unit No. _____

City _____ State _____ Zip _____ Phone (____) _____

Name of a person(s) who pays you for childcare _____

Name of the child(ren) of this parent for whom you provide care and the amount you receive.

Child _____ Amount \$ _____ *(Circle One)* per day/week/month

Child _____ Amount \$ _____ per day/week/month

Child _____ Amount \$ _____ per day/week/month

Total: \$ _____ per day/week/month

B. Summer/vacation care for school-age child(ren). Include amounts in the information specified below.

Name of Provider/Day Care Center _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Name of a person(s) who pays you for childcare _____

Name of the child(ren) of this parent for whom you provide care and the amount you receive.

Child _____ Amount \$ _____ ^(Circle One) per day/week/month

Child _____ Amount \$ _____ per day/week/month

Child _____ Amount \$ _____ per day/week/month

Total: \$ _____ per day/week/month

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE

DATE